PRINTED: 04/01/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN5280PCA 12/31/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3708 LAKESIDE DR STE 200 AMERICAN HOME COMPANION, INC **RENO. NV 89509** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 000 P 000 **Initial Comments** This findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the State Relicensure survey conducted in your agency on 12/31/09. The state relicensure survey was conducted at your agency

P 230 Section 16.1(a-i) Personnel File

The patient census was 321.
Ten client records were reviewed.
Ten client contacts were made.
One home visit was conducted.
Nine employee files were reviewed.

Agencies.

P 230

Sec. 16. 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation:

by authority of Chapter 449, Personal Care

(a) The name, address and telephone number of the attendant:

The following regulatory deficiencies were found:.

- (b) The date on which the attendant began working for the agency;
- (c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375;
- (d) Evidence that the references supplied by the attendant were checked by the agency;
- (e) Evidence of compliance with NRS 449.179 by the administrator of the agency or the person licensed to operate the agency with

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN5280PCA 12/31/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3708 LAKESIDE DR STE 200 AMERICAN HOME COMPANION, INC **RENO. NV 89509** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 230 P 230 Continued From page 1 respect to the attendant: (f) Proof that, within 6 months after the attendant began working for the agency, the attendant obtained a certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent certificate approved by the Health Division; (g) Proof that the attendant is at least 18 years of age; (h) Proof of possession by the attendant of at least the minimum liability insurance coverage required by state law if the attendant will be providing transportation to a client in a motor vehicle: and (i) Documentation of all training attended by and performance evaluations of the attendant. This STANDARD is not met as evidenced by: Based on record review, staff interview and policy review, the agency failed to have documentation of the testing required by NAC 441A.375 for 2 of 12 attendants. The agency failed to have documentation of reference checks for 4 of 12 attendants. The agency failed to have documentation of first aid/CPR training for 1 of 12 attendants in the employee's file. 1. Employee #5 - Needs new two-step TB test 2. Employee #12 - Has no evidence of any past TB tests. Needs a two-step TB test. 3. Files for employees #3, 5, 10 and 11 did not

contain documentation that references were

4. Employee #2 - had no evidence of having

checked.

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Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
NVN5280PCA		NVN5280PCA		B. WING		12/31/2009	
NAME OF PROVIDER OR SUPPLIER			STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	12/0	1/2000
AMERICAN HOME COMPANION, INC			3708 LAKESIDE DR STE 200 RENO, NV 89509				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		I	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
P 230	Continued From page 2 completed a First Aid/CPR course.			P 230			
	Scope: 2 Severity: 2						
P 240	16.1(2) Training Docu	2) Training Documentation		P 240			
	2. The documentation described in paragraph (i) of subsection 1 must include, without limitation, for each training course attended by the attendant: (a) A description of the content of the training course; (b) The date on which the training course was attended; (c) The number of hours of the training course; (d) The name and signature of the instructor of the training course; and (e) A certificate indicating that the training course was successfully completed by the attendant.		g as se; of				
	Based on record review	~	policy				
	Employee #12 had no documentation of the attendants training certificates.						
	Severity: 1 Sco	ope: 1					
P 300	Section 19.1(a) Knowledge of Code			P 300			
	(a) Obtain a working I of this chapter which	ndant of an agency sha knowledge of the provis govern the before providing perso	sions				

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Based on record review and staff interview, the agency failed to have a signed and dated statement in 1 of 12 client's files that a copy of the rights of the client had been provided to the

Scope: 1

client. (Client #2)

Severity: 1